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[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

FOO/157785

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**PRELIMINARY RECITALS**

Pursuant to a petition filed May 21, 2014, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to FoodShare benefits (FS), a hearing was held on June 17, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether Petitioner's FoodShare case was correctly closed for loss of contact.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703  
By: Katherine May  
Milwaukee Enrollment Services  
1220 W Vliet St, Room 106  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

David D. Fleming  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner applied for FoodShare at the agency or about January 29, 2014. The application was processed and approved. It notes an address of [REDACTED]. FoodShare in the amount of \$189 were issued for February, March and April 2014.

3. Documents were mailed to Petitioner at [REDACTED] in March 2014. They were returned to the agency as undeliverable.
4. The agency sent Petitioner a Notice of Decision dated March 31, 2014, also to the [REDACTED] address, that indicated that Petitioner's FoodShare were to be discontinued effective May 1, 2014 for loss of contact.
5. On May 12, 2014 Petitioner contacted the agency inquiring as to what had happened to her May FoodShare. The address was updated to [REDACTED] Street and prorated FoodShare in the amount of \$121.00 issued for May. The allotment returned to \$189.00 for June 2014.

### **DISCUSSION**

Certainly applicants for FoodShare in Wisconsin must be residents of Wisconsin and the county of residence and household composition are determined so as to know whether the applicant meets some of the nonfinancial requirements of eligibility. *See generally, FoodShare Wisconsin Handbook (FSH), Chapter 3.*

Petitioner maintains that she did not reside at the [REDACTED] address rather, at the [REDACTED] address and that the application on which the [REDACTED] address is reflected was typed by the worker interviewing her. The individual workers handling a case do not appear for or at hearings so there was no testimony to rebut that of Petitioner. Further, I found Petitioner to be polite, respectful, confident as to her story and, therefore, quite credible.

I am concluding that this was simply a mistake, that Petitioner was residing at the [REDACTED] Street address and that her FoodShare should be restored for the first portion of May 2014.

### **CONCLUSIONS OF LAW**

That an error in typing one number in Petitioner's address on her January FoodShare application by an agency worker led to a mistaken conclusion that Petitioner had failed to stay in contact with the agency.

**THEREFORE, it is**

### **ORDERED**

That this case is remanded to the agency with instructions to restore Petitioner's FoodShare eligibility back to May 1, 2014 and to issue any necessary supplemental FoodShare benefits. This must be done within 10 days of the date of this decision.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 10th day of July, 2014

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\sDavid D. Fleming  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on July 10, 2014.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability